

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

5/116512

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4	1	3	1	2		
5		1		1		
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TOTAL IND.	2		2			
TOTAL DEP.	7		8			
TOTAL CLAIMS	9		10			

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